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**EXAMINER** 



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JACKETARY OF STATE
TALLAHASSEE, FLORIOS

## **COVER LETTER**

TO: Registration Sec Division of Corp					
SUBJECT: Dia	Name of Limite	f Oclas do , LL C ed Liability Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
	Sasdra	Pouchard Name of Person	******		
	Diarros	Firm/Company			
	6226 Yor	Ktown Drive			
	Sboucharded E-mail address: (10	City/State and Zip Code  Class do Diames de Class be used for future annual report notification	0. COM		
For further information co	oncerning this matter, please cal	11:			
Sandra 7 Name of	Bouchard Person	at ( <u>407) 595-39</u> Area Code & Daytime Te	82 lephone Number		
Enclosed is a check for the following amount:					
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liabili	ity Company as it now appears on our re	ecords.)
(A Florida	a Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on	2012 and assigned
Florida document number <u>L//000//4538</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the de	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		30
(Principal office address MUST BE A STREET ADD	DRESS)	<b>2</b>
	<del></del>	HASS 2
		Sign of the sign o
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		S. F
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Address Type of Action** <u>Title</u> <u>Name</u> ☐ Add A Kemove ☐ Remove □ Remove ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Add □ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated October Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00